Alberta Health Services

Affix patient label within this box

Goals of Care Designation (GCD) Order

Date *(yyyy-Mon-dd)*	Time *(hh:mm)*

Goals of Care Designation Order

To order a Goals of Care Designation for this patient, check the appropriate Goals of Care Designation below and write your initials on the line below it. *(See reverse side for detailed definitions)*

Check ▶ ☐ **R1** ☐ **R2** ☐ **R3** ☐ **M1** ☐ **M2** ☐ **C1** ☐ **C2**

Initials ▶ _____ _____ _____ _____ _____ _____ _____

Check ✓ here ☐ if this GCD Order is an interim Order awaiting the outcome of a Dispute Resolution Process. Document further details on the ACP/GCD Tracking Record.

Specify here if there are specific clarifications to this GCD Order. Document these clarifications on the ACP/GCD Tracking Record as well.

_____

_____

_____

_____

Patient's location of care where this GCD Order was ordered *(Home; or clinic or facility name)*

Indicate which of the following apply regarding involvement of the Patient or alternate decision-maker (ADM)

☐ This GCD has been ordered after relevant conversation with the patient.

☐ This GCD has been ordered after relevant conversation with the alternate decision-maker (ADM), or others. *(Names of formally appointed or informal ADM's should be noted on the ACP/GCD Tracking Record)*

☐ This is an interim GCD Order prior to conversation with patient or ADM.

History / Current Status of GCD Order

Indicate one of the following

☐ This is the first GCD Order I am aware of for this patient.

☐ This GCD Order is a revision from the most recent prior GCD *(See ACP/GCD Tracking Record for details of previous GCD Order).*

☐ This GCD Order is unchanged from the most recent prior GCD.

Name of Physician / Designated Most Responsible Health Practitioner who has ordered this GCD	Discipline
Signature	Date *(yyyy-Mon-dd)*